



Town of Acton
Department of Public Health
472 Main Street, Acton, MA 01720
Phone: (978) 929-6632 Fax: (978) 929-6340
www.acton-ma.gov

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Aquaman Date 8/10/2015
Address: 133 Great Road
Type of Business: Pool supply store
Telephone: 978-264-2018 Email: Aquaman133@verizon.net
Contact Person: Kristin Crosswhite Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	<input checked="" type="checkbox"/>		
Spills present		<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>		
Materials and wastes separate	<input checked="" type="checkbox"/>		
Cleanup materials available	<input checked="" type="checkbox"/>		
Materials have secondary containment	<input checked="" type="checkbox"/>		
Materials and wastes are labeled	<input checked="" type="checkbox"/>		
Safety:			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>		
Employee personal protective equipment on site	<input checked="" type="checkbox"/>		
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>		
Emergency procedures posted	<input checked="" type="checkbox"/>		Please post in garage
Site Management:			
Waste removed by licensed hauler		<input checked="" type="checkbox"/>	No regular waste - excess damaged
Floor drains present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	material brought to devens to dispose
Sinks present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Testing of septic system necessary		<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>		
Any UST (underground storage tank) present		<input checked="" type="checkbox"/>	
If UST present, is it alarmed		<input checked="" type="checkbox"/>	

Action Items:

1. Please post procedure in garage
2. _____
3. _____
4. _____
5. _____
6. _____

Re-inspection required? Yes ☐ No ☒

[Signature]
Inspector Signature

Date

Re-inspection Date: _____

[Signature]
Facility Representative Signature

Date